RECEIVED

Approved for use through 06/30/2010, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete If Known Fees pursuent to the Consolidated Appropriations Act, 2006 (H.R. 4818). 10/626,443 Application Number CENTRAL FAX CENTER RANSMITTA 24 July 2003 Filing Date Hogan, Michael For FY 2008 First Named Inventor SEP 1 8 2008 Coughlan, Peter D. Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2129 Art Unit TOTAL AMOUNT OF PAYMENT (\$) ::::: B10.00 2002P12271US01 (1009-285) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check 💆 Credit Card 📗 Money Order None Other (please identify): Michael N. Haynes Deposit Account Deposit Account Number:__ 50-2504 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (5) Fee (\$) Fee (\$1 Fees Paid (\$) Fee (\$) Fee (\$) Utility 310 210 155 510 105 255 Design 210 105 100 130 50 65 Plant 210 105 310 160 155 80 310 Reissue 155 510 255 620 310 Provisional 210 105 0 0 ٥ Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 105 210 Each independent claim over 3 (including Reissues) Multiple dependent claims 370 185 <u>Muitiple Dependent Cialms</u> Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) _ - 20 or HP = _0_ 50 Fee (\$) HP = highest number of total claims paid for, if greater than 20. 0 Fee (\$) Extra Claims Fee Paid (\$) indeo. Claims -3 or HP = 210 HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Total Sheets 100 = / 50 = (round up to a whole number) x Ω _n_ 260 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 810 Other Request for Continued Examination (RCE) SUBMITTED BY

Date 18 Sep 2008 This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sard to the Chief Information Officer, U.S. Peterd. and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commiscioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Registration No.

(Attorney/Agent)

Telephone

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

muchal 77 743

Signature

Name (Print/Type)